

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 207	
County <u>Maricopa</u>	District <u>Phoenix</u>	ORIGINAL CERTIFICATE OF DEATH	
Town Or City <u>Phoenix</u>		County Registered No. <u>7756</u>	
No. <u>1515 E. Washington</u> St.		Local Registrar's No. <u>7756</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Grace Lee Byrd</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> Indian <u>Black</u> Chinese <u>Mexican</u>	DATE OF DEATH <u>April 13</u> 191 <u>9</u>	
SINGLE <u>MARRIED</u> WIDOWED or DIVORCED		(Month) (Day) (Year)	
DATE OF BIRTH <u>Oct 8</u> 191 <u>7</u>		I hereby certify, that I attended deceased from <u>July 1917</u> to <u>Apr 12 1919</u> ; that I last saw her <u>live</u> on <u>Apr 12</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>M.</u> The DISEASE or INJURY causing	
AGE <u>28</u> yrs. <u>0</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min.		Death was as follows: <u>Pulmonary Tuberculosis</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>House wife</u>		(Duration) <u>4</u> yrs. <u>0</u> mos. <u>0</u> days	
(b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? <u>    </u>	
BIRTHPLACE (State or country) <u>Tenn</u>		If not, where? <u>    </u>	
NAME OF FATHER <u>John Spier</u>		CONTRIBUTORY (Duration) <u>    </u> yrs. <u>    </u> mos. <u>    </u> days	
BIRTHPLACE OF FATHER (State or Country) <u>Scotland</u>		(Signed) <u>H. H. Bailey</u>	
MAIDEN NAME OF MOTHER <u>Jennie Keyes</u>		<u>4-15-1919</u> (Address) <u>Phoenix</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Ill.</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) <u>Harry Byrd</u>		LENGTH OF RESIDENCE At place of death <u>3</u> yrs. <u>6</u> mos. <u>0</u> ds. In Arizona <u>2</u> yrs. <u>6</u> mos. <u>0</u> ds.	
(Address) <u>Tempe</u>		Former or Usual Residence <u>    </u>	
PLACE OF BURIAL OR REMOVAL <u>Forest Lawn</u>	DATE OF BURIAL OR REMOVAL <u>4/15</u> 191 <u>9</u>	Filed <u>Apr 17</u> 191 <u>9</u> <u>H. H. Bailey</u> Local Registrar	
UNDERTAKER <u>Moore &amp; McKeown</u>	ADDRESS <u>City</u>	Filed <u>5-7-1919</u> <u>A. B. Nichols</u> County Registrar	